

HEALTH CARE PROVIDER INSTRUCTIONS

The following are definitions of terms under the FMLA to be used as a guide for completing the attached Certification of Health Care Provider form (DOL WH-380) or, if the employee seeks either intermittent or reduced schedule leave, the attached “Certification for Intermittent Leave Request Because of Employee’s Own Serious Health Condition.”

Job Description Documents: The employee/patient was provided with documents describing their current position and the essential functions of their job. Metro expects, that prior to completing and signing the Certification, the provider will have read and understood the employee’s position and the essential functions of their job.

A Serious Health Condition means an illness, injury, impairment or physical or mental condition that invokes one of the following:

1. **Hospital Care:** Inpatient care (i.e., an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
2. **Absence Plus Treatment:** A period of incapacity of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves: (1) Treatment, two or more times, by a health care provider, a nurse or physician’s assistant under direct supervision of a health care provider or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by a health care provider; or (2) Treatment by a health care provider on a least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
3. **Pregnancy:** Any period of incapacity due to pregnancy, or for prenatal care.
4. **Chronic Conditions Requiring Treatments:** A chronic condition which: (1) Requires periodic visits for treatment by a health care provider or by a nurse or physician’s assistant under direct supervision of a health care provider; (2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and (3) May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
5. **Permanent/Long-Term Conditions Requiring Supervision:** A period of incapacity, which is permanent or long-term, due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke or the terminal states of a disease.
6. **Multiple Treatments (Non-Chronic Conditions):** Any period of absence to receive multiple treatments, including any period of recovery there from, by a health care provider or by a provider of health care services under orders of or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar

days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy) or kidney disease (dialysis).

Incapacity for the purposes of FMLA is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore or recovery there from.

Treatment includes examinations to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations.

A Regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines or salves; or bed-rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider.

SPECIAL NOTE FOR INTERMITTENT LEAVE CERTIFICATIONS: Intermittent or Reduced-Work Schedule leave requests generally fall into one of two categories: A) the employee has a serious health condition that requires a predictable sequence of treatments, procedures and/or time to recover from those treatments or procedures; and B) the employee has a chronic serious health condition that creates an unpredictable sequence of events based upon when the condition “flares-up” and necessitates the employee taking leave and possibly needing treatments. The form for these types of leave allows the provider to select either Section A or Section B for completion, depending on which type of condition your patient has. While you are not required to complete both sections, there may be some health conditions that involve both a predictable sequence of care on the front end of treating a chronic serious health condition, followed by an unpredictable sequence of care based upon later “flare-ups” of that condition. The provider is invited to complete both sections in that scenario.

SPECIAL NOTE - CERTIFICATIONS PROVIDED BY CHIROPRACTORS: The FMLA, at 29 CFR § 825.800, defines health care provider to include “(P)odiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist)”. In order for Metro to consider an FMLA request for leave and the medical certification in support of such request, any chiropractor submitting a medical certificate must include a statement demonstrating that their treatment of the employee/patient consists of manual manipulation of the spine to correct a subluxation, and must include a statement that such treatment is supported by X-ray testing.